

**MUNICIPAL EMPLOYEES BENEFITS PROGRAM (MEBP) – PENSION PLAN**

PO Box 764, Winnipeg, MB R3C 2L4

**DIRECT DEPOSIT ACCOUNT INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

(\_\_\_\_\_) \_\_\_\_\_

Telephone Number

\_\_\_\_\_  
Email Address

I enclose a blank cheque marked VOID for the account to which my monthly payments from the Municipal Employees Pension Plan are to be deposited.

I acknowledge that I will keep MEBP informed of any changes in my home address and banking information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Attach VOID cheque below or if you DO NOT have a blank cheque, please ask your financial institution to complete the following:

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Branch No.

\_\_\_\_\_  
Institution No.

\_\_\_\_\_  
Account No.

\_\_\_\_\_  
Name(s) of Account Holder(s)

\_\_\_\_\_  
Name of Financial Institution's Authorized Person (please print)

\_\_\_\_\_  
Signature of Financial Institution's Authorized Person

Financial Institution Stamp Here:

